



Louisiana Youth Enhanced Services

January 31, 2005

Dear Supporter of Child/Adolescent Mental Health Services:

In order to better notify you of upcoming events and news of the LA-Y.E.S. initiative, we would like to know the best way to contact you. Please fill out the questionnaire below and fax it back to *Tanisha Jones @ 504-361-6245*.

Name: _____

Are you: ____ **With an Agency** ____ **Parent/Family Member** ____ **Both**

Are you on a Consortium Sub-Committee? _____ **If So, Which?** _____

Are you interested in being on a Sub-Committee? _____

If so, which: _____ **Family, Youth and Community**

_____ **Communications Committee**

_____ **Service Delivery**

_____ **Quality Improvement/QA & Evaluations**

_____ **Fiscal Sustainability**

_____ **Implementation Advisory Committee**

How would you prefer to be notified? ____ **Mail** ____ **Email** ____ **Fax**

Mailing Address: _____

Email: _____ **Fax Number:** _(____)_____

Thank you for your time and consideration, it is greatly appreciated.

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